

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/564641

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		⑦				
6		⑦				
7		⑦				
8		⑦				
9		⑦				
10		⑦				
11		⑦				
12		⑦				
13		⑦				
14		⑦				
15		⑦				
16		⑦				
17		⑦				
18		⑦				
19		⑦				
20		⑦				
21	1					
22		1				
23		2				
24		2				
25		⑦				
26		⑦				
27		⑦				
28		⑦				
29		⑦				
30		⑦				
31		⑦				
32		⑦				
33		⑦				
34	1					
35		1				
36	1					
37		1				
38						
39						
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41						
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45						
46						
47						
48						
49						
50						
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	37	←		←		←
TOTAL CLAIMS	41					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						